Rapid Response Mechanism (RRM) Rapid Needs Assessment (RNA)

Ntole IDP Site (Alert: SI_NAN_111124)
Nangade District - Cabo Delgado, Mozambique
19 November 2024

KEY MESSAGES

- **Food security was reported as the top priority need by the respondents** (98% of assessed households). Out of the 81% of assessed households that had difficulties accessing food, 95% cited the lack of financial resources as the main barrier.

- **Both quantitative and qualitative findings suggested WASH as a priority need.** Drinking water was the second most preferred type of humanitarian assistance (42% of assessed households), and 98% of assessed households used non-hygienic sanitation facilities at the time of data collection.

- **Shelter was reported as the third highest priority need by the respondents.** 60% of assessed households lived in a displacement site and 31% of shelters were in makeshift or unfinished condition.

87% of assessed displaced households **do not** intend on returning to their place of origin, with lack of security (100%) cited as the most common barrier to return.

Map 1: RNA location and places of origin of the affected population

CONTEXT & RATIONALE

ON NOVEMBER 4TH, 2024, an unknown number of non-state armed group (NSAG) members attacked the village of Quinto Congresso. The assault on the civilian population involved shooting, and the looting and destruction of shops. Although no houses were burned down and no civilian lives were lost, the attack triggered fear among nearby communities, resulting in a mass displacement of residents from the villages of Litingina, Chibau, Naleque, Ngangolo, and Chicuaia. An estimated 475 households have moved to the Ntole site for Internally Displaced People (IDP) in the southern Nangade district.[1]

In response to these events, a Rapid Response Mechanism (RRM) alert was issued, and a Rapid Needs Assessment (RNA) was conducted by the RRM team of Solidarités International to identify the most urgent needs of the displaced population. This document presents the key findings of the assessment.
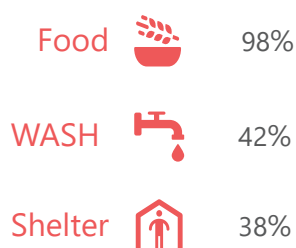
ASSESSMENT OVERVIEW

This assessment utilized a mixed-method approach. The quantitative element consisted of 52 household surveys conducted on November 19th with displaced families living in the Ntole IDP site in the Nangade district.

The quantitative findings were supplemented with a qualitative component consisting of observations, community leader engagement, and insights from the data collection team. Results are indicative.
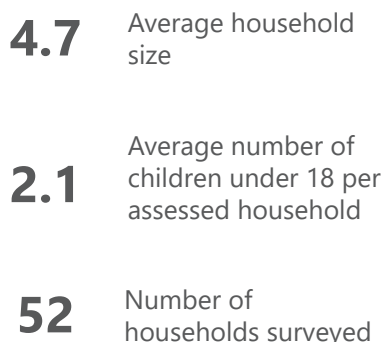
Please refer to the Methodology Overview and Limitations section at the end of the document for further detail.
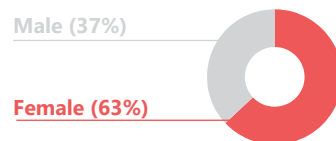
PRIORITY NEEDS

Top 3 most commonly reported humanitarian aid preferences, by % of assessed households*

Food   98%

WASH   42%

Shelter   38%

HOUSEHOLD PROFILES

4.7   Average household size

2.1   Average number of children under 18 per assessed household

52   Number of households surveyed

Respondent gender, by % of assessed households

Male (37%)

Female (63%)

475   Estimated size of affected population (in households)[2]
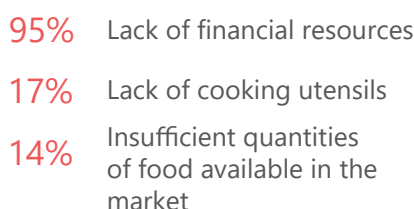
FOOD SECURITY, LIVELIHOODS & MARKETS

% of assessed households that reported having problems accessing food at the time of data collection
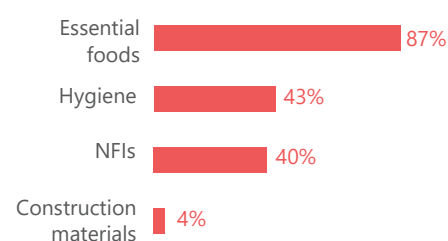
81%

Average number of meals consumed per assessed household member per day

1.83

Qualitative findings suggested that **members of the host community prohibited IDPs from using land for cultivation**, claiming that IDPs received food assistance from humanitarian agencies. This may create tensions as **25% of assessed households rely on personal production as their main source of food.**

Top 3 most commonly reported barriers to food access, by % of assessed households*

95%   Lack of financial resources

17%   Lack of cooking utensils

14%   Insufficient quantities of food available in the market

Top 3 most commonly reported primary livelihood activities, by % of assessed households

60%   Daily work

19%   Subsistence farming

17%   None

Most commonly reported types of products available at the market, by % of assessed households*

Essential foods	87%
Hygiene	43%
NFIs	40%
Construction materials	4%
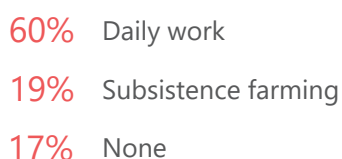
90%   of assessed households **had access to a market nearby.**

71%   % of assessed households had access to **mobile money** (M-Pesa/e-Mola).
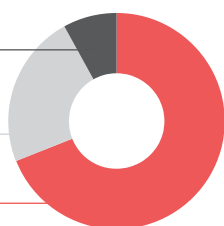
SHELTER & NFIs

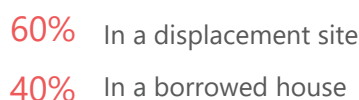**Most commonly reported condition of current shelter, by % of assessed households**

Unfinished house (8%)

Makeshift/ emergency shelter (23%)

Traditional house (69%)

Most commonly reported type of living arrangement, by % of assessed households

60%   In a displacement site

40%   In a borrowed house

Qualitative observations suggested that shelters were precariously constructed and covered with tarpaulins.

% of assessed households by most commonly reported missing essential NFI

Essential NFI	% of HH
Stove	100%
Beds/sleeping mats	100%
Blankets/sheets	98%
Soap	90%
Lamps	90%
Cooking utensils	73%
Pots	54%
Water buckets	44%

*select multiple, the total value may exceed 100%

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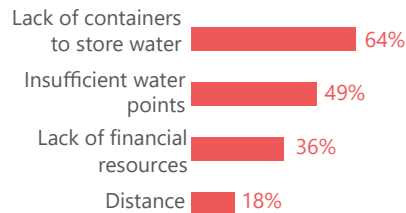
WATER, SANITATION, AND HYGIENE

% of assessed households that reported having enough water to meet the following needs

62% Drinking needs

58% Cooking needs

27% Hygiene needs

Most commonly reported barriers to accessing clean water by % of assessed households*

Lack of containers to store water — 64%
Insufficient water points — 49%
Lack of financial resources — 36%
Distance — 18%

98% of assessed households reported using **a non-hygienic sanitation facility** (open pit latrine or open defecation) at the time of data collection.

Top 3 most commonly reported barriers to a hygienic sanitation facility* *from the 20 households that reported having sanitation facilities issues*

$^{10}/_{20}$ Facilities were not functional

$^{9}/_{20}$ Facilities were shared amongst too many people

$^{4}/_{20}$ Facilities were not private

96% of assessed households reported a **water truck as their main source of water.**

38% of assessed households reported **having problems related to sanitation facilities** (toilet/latrine).
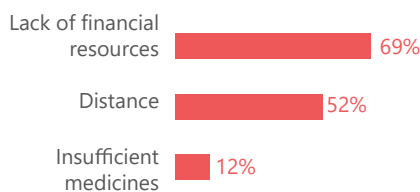
Qualitative observations suggested that the **emergency latrines built last year were in poor hygienic condition and therefore no longer used** by the population of Ntole.

HEALTH

53% of assessed households reported **an adult member who was sick during the past 2 weeks,** with body pain (13), malaria (9), and stomach illness (5) being most the commonly reported conditions.

61% of assessed households with at least one child under age 5 reported having **at least one child who was sick during the past 2 weeks,** with fever (11), diarrhea (6), malaria (5), and cough (5), as the most commonly reported symptoms.

EDUCATION

44% of assessed households with at least one child aged 5-17 reported having **at least one child who was not attending school at the time of data collection.**

Most commonly reported barriers to healthcare, by % of assessed households*

Lack of financial resources — 69%
Distance — 52%
Insufficient medicines — 12%

Most commonly reported distance to the nearest health facility, by % of assessed households

10% 0-30 minutes

23% 30-60 minutes

37% 60-90 minutes

25% 90-120 minutes

6% More than 120 minutes

Top 3 most commonly reported barriers to education, by number of assessed households* *from the 16 assessed households who had at least one child aged 5-17 who was not attending school at the time of data collection.*

5 Lack of documentation

4 Lack of school materials

4 Conflict

Qualitative findings suggested that although there was a Médecins Sans Frontières (MSF) mobile clinic in Ntole, the **nearest health center was located in Ntamba approximately 20km away.**

Qualitative findings suggested that although there was a functional school in Ntole, the **hygiene conditions of the school latrines were very poor.**
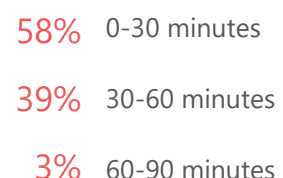
Most commonly reported distance to the nearest school, by number of assessed households

58% 0-30 minutes

39% 30-60 minutes

3% 60-90 minutes

*select multiple, the total value may exceed 100%

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PROTECTION

6% of assessed households were **concerned about violence in their community** at the time of data collection, with fears of gender-based violence (3).

67% of assessed households **reported at least one member that was missing their identity documents.**

37% assessed households with at least one child under age 18 reported having **at least one child not residing in the household at the time of data collection.** There were 6 reports of children separated during displacement or that stayed behind in area of origin that need to be investigated further.

ACCOUNTABILITY TO AFFECTED POPULATIONS

17% of assessed households **reported to have received some type of assistance during the past 2 weeks** (from humanitarian actors, government, host community, or religious organizations).

Preferred modalities of assistance, by % of assessed households*

Cash   85%
In-kind   54%

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from Solidarités International (SI) conducted 52 structured, face-to-face household surveys with displaced families now residing in the Ntole IDP site located in the southern Nangade district of Cabo Delgado. The survey tool, deployed via KoBo software, targeted primarily displaced households, which were selected using an on-site purposive sampling method. The household surveys were complemented by a qualitative, semi-structured team leader feedback form, which included observations, engagement with community leaders and local authorities, as well as insights from the data collection team. This qualitative data helped to contextualize the shock, triangulate information, and provide detailed observations and descriptions of the sites and affected populations.

The scope of the RNA is limited by the rapid response requirements of the RRM and the need to operate within the resources available from partners. As a result, the quantitative findings should be considered indicative only. Additionally, the questionnaire was designed to include only the most essential indicators for each sector, which constrains the depth of the data collected. While the survey captures general living conditions across households, it does not explore differences between individual members or intra-household dynamics, including power relations related to gender, age, or disability. This lack of detailed insight limits the assessment's ability to fully address nuanced vulnerabilities within households. Please refer to the Terms of Reference and the Dataset and Analysis for more details.

ENDNOTES

1 RRM Mozambique: Alert SI_RRM_NAN_11112024. November 2024.

2 This is an estimate based on information gained by key informants in Alert SI_RRM_NAN_11112024. However, this number is subject to change as more families register with local authorities in Ntole.

ABOUT THE RRM

The Rapid Response Mechanism (RRM) in Northern Mozambique is a consortium composed of Solidarités International (SI), Action Contre la Faim (ACF), a Fundação para o Desenvolvimento da Comunidade (FDC), Acted, and IMPACT Initiatives, that provides emergency assistance to populations affected by conflict, epidemics, or located in a newly accessible area.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

RRM CONSORTIUM MEMBERS:

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